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CHESHIRE COUNTY COUNCIL.

EDUCATION DEPARTMENT.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1915,

BY

MEREDITH YOUNG,

M.D., D.P.H., D.S. Sc.

Of Lincoln's Inn, Barrister-at-Law,

Lecturer in School Hygiene, Victoria University of Manchester.

County Medical Inspection Staff, 1915.

Chief Medical Officer :

MEREDITH YOUNG, M.D., D.P.H.

(County Medical Officer of Health).

Assistant Medical Officers :

West Cheshire :—REGINALD LAWRENCE, M.D., D.P.H.

East Cheshire :—R. W. MACPHERSON, M.D., D.P.H.

(Now on Active Service).

North Cheshire :—JEAN R. SHAW, M.B., Ch.B., D.P.H.

South Cheshire :—MARGARET G. ORMISTON, M.A., M.B., Ch.B.

School Nurses :

MISS C. TURCAN.

MISS M. VENABLES.

MISS E. PRITCHARD.

MISS E. WOODALL.

MISS E. J. SUTHERLAND.

MISS E. HUGHES.

District Nurses :

Twelve (part-time).

Lecturer in Sick Nursing :

MISS HAWKES.

Chief Clerk :

VINCENT O'CONNOR

(Clerk to the County Medical Officer of Health).

Offices :

43, Foregate Street, Chester.

Telephone :—1017, CHESTER.

INTRODUCTION.

43, FOREGATE STREET,

CHESTER,

May, 1916.

*To the Chairman and Members of the
Elementary Education Sub-Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my report on the work of medical inspection of school children for the year 1915. You are all aware of the trying conditions under which this work has been carried on and I feel sure that you will view sympathetically any shortcomings.

This report has purposely been curtailed so that under most headings merely a brief statement of what has been done is presented. Considering the changes in the staff and the strain on administration I think the results achieved are entirely satisfactory. For obvious reasons I have not advocated any additions to the present scheme but only a re-casting of the duties of the School Nurses.

I must again express my grateful thanks to your Committee and to all my colleagues and brother-officials, including the large body of Teachers, for assistance in the various ramifications of the work of medical inspection and treatment.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

MEREDITH YOUNG,

School Medical Officer.

Cheshire County Council.

ANNUAL REPORT

OF THE
CHIEF SCHOOL MEDICAL OFFICER,
1915.

General Remarks.

I have omitted any special reference to general administration, attendance of parents, assistance of teachers, objections to inspection, &c., as these matters remain practically as in previous years. Medical inspection is, I find, being accepted, as it was anticipated from the first it would be, as an integral part of the school *régime*.

Extent and Scope of Medical Inspection.

There have been the following examinations made:—

Entrants	...	...	7,032
Leavers	...	...	6,621
Intermediate Group		...	4,237
Special Cases	...	...	1,258
Re-Examinations	...	...	2,444
Total		...	<hr/> 21,592 <hr/>

I consider that under the conditions present these figures are entirely satisfactory. The following Table shews the way in which the above gross numbers have been made up:—

Table I.—Shewing Classification of Children Medically Inspected during 1915.

(A.) "Code" Groups.

(B.) Groups other than "Code."

Ages.	ENTRANTS.						LEAVERS.						Grand Total.	Inter- mediate Groups (if any).	Special Cases.	Inter- mediate Groups (if any).	Special Cases.	
	3	4	5	6	Other Ages.	Total.	10	11	12	13	14	Other Ages.						Total.
Boys ...	347	802	1450	766	251	3016	3	70	2139	1026	68	11	3317	6933	2097	597	1196	
Girls ..	317	690	1411	734	264	3416	9	77	2120	982	100	16	3304	6720	2140	661	1258	
Totals...	664	1492	2861	1500	515	7032	12	147	4259	2008	168	27	6621	13653	4237	1258	2444	

The ages of those examined in the several groups in the various districts is set out in the following Table:—

Table II.—Shewing Children examined and classified according to Districts.

DISTRICT.	Entrants.						Total.	Leavers.						Other ages.	Total.	Specials.	P. Examin- ations.	Inter- mediates.	Grand Total.
	Age in years.							Age in years.											
	3	4	5	6	Other ages.			10	11	12	13	14	Other ages.							Total.
Boys.																			
Altrincham and Bowdon ...	12	63	108	74	24	286	—	4	172	105	2	—	283	98	146	911			
Ashton-under-Lyne and Stockport	51	104	123	75	24	380	—	9	257	106	1	—	373	39	11	265	1058		
Bebington and Neston ...	18	53	156	87	30	349	—	16	216	177	15	—	424	75	27	393	1253		
Chester Union	3	18	63	21	7	112	—	3	39	12	5	—	59	21	6	96	234		
Congleton	21	47	101	53	18	240	—	4	119	38	1	—	162	26	0	93	591		
Hoylake and West Kirby	11	32	71	41	29	184	—	12	113	58	11	2	196	2	—	48	420		
Knutsford and Wilmslow	19	33	48	36	7	143	—	—	105	9	—	—	114	19	110	140	510		
Lymm	3	17	26	21	3	80	—	—	63	4	—	—	67	10	66	41	264		
Macclesfield and Hayfield	17	34	83	57	12	203	1	4	89	88	2	1	185	36	30	133	392		
Nantwich Union	60	97	117	34	2	310	—	2	300	76	2	1	381	67	131	227	1131		
Northwich and District	20	48	112	80	34	294	—	2	100	60	6	—	168	41	200	144	947		
Runcorn Rural	24	59	65	25	3	176	—	—	76	37	1	—	114	23	169	10	497		
Runcorn Urban	20	80	90	52	23	275	1	—	171	49	3	—	224	16	155	193	863		
Sale & Ashton-upon-Mersey	13	31	74	29	21	163	1	8	129	53	3	—	194	9	11	66	443		
Tarvin and Whitechurch ...	14	16	94	43	9	181	—	4	96	74	13	6	193	65	21	—	403		
Winsford and Middleswich	31	60	106	33	5	235	—	2	94	30	3	1	180	45	71	102	633		
Total	347	802	1450	766	251	3616	3	70	2139	1026	68	11	3317	597	1186	2097	10813		

Table shewing Children examined and classified according to Districts—Continued.

DISTRICT.	Entrants.						Leavers.								Specials.	Re-examinations.	Inter-medicals.	Grand Total.		
	Age in years.						Age in years.												Other Total.	
	3	4	5	6	Other Ages.	Total.	10	11	12	13	14	Other Ages.	Total.							
GIRLS.																				
Altrincham and Bowdon ...	25	49	116	65	37	292	1	9	193	109	8	—	320	97	123	955				
Ashton-under-Lyne and Stockport	43	78	123	59	24	302	1	7	183	133	2	—	331	8	313	1345				
Bebington and Neston ...	19	62	122	75	34	312	1	11	212	110	41	1	376	50	359	1277				
Chester Union ...	2	20	46	13	12	93	—	4	3	20	3	—	60	5	113	174				
Hongleton ...	10	39	85	59	24	217	—	4	142	38	2	—	185	56	16	521				
Hoylake and West Kirby ...	8	28	60	32	18	146	1	7	106	48	10	1	173	2	29	271				
Knutsford and Wilmslow ...	18	22	44	21	6	111	—	—	56	29	1	—	126	93	110	472				
Lymm ...	5	17	35	16	3	76	—	—	52	6	1	—	59	54	50	275				
Macclesfield and Hayfield	7	25	96	66	23	217	—	6	93	64	3	—	171	25	130	473				
Nantwich Union ...	67	117	128	43	5	260	—	2	216	105	6	1	260	211	154	1144				
Northwich and District ...	18	25	129	84	21	277	1	3	139	72	5	—	223	104	143	837				
Runcorn Rural ...	24	30	86	49	7	193	—	2	145	36	—	—	183	223	77	742				
Runcorn Urban ...	30	72	89	47	15	293	2	8	154	30	1	—	195	196	198	835				
Sale & Ashton-upon-Mersey	5	25	73	37	16	156	1	7	111	45	7	1	172	5	89	436				
Farvin and Whitechurch ...	10	13	90	38	11	162	1	4	100	61	10	12	188	8	—	422				
Winsford and Middleswich	26	68	84	30	8	216	—	3	105	76	—	—	184	54	104	601				
Total for Girls	317	690	1411	734	264	3416	9	77	2120	982	100	16	3364	1252	2140	10779				
Total for Boys	347	802	1450	766	251	3616	3	70	2139	1026	68	11	3317	1186	2097	10313				
GRAND TOTAL	664	1492	2861	1500	515	7032	12	147	4259	2008	168	27	6681	2444	4237	21592				

Notices of Defect sent to Parents.

In 7,973 instances notices were sent to parents asking them to have some defect or defects remedied.

Re-Examinations.

These numbered 2,444, viz., 1,186 boys and 1,258 girls. As this is a very important section of the work every endeavour has been made to maintain its activity. The figures for the previous year were:—

Total Children Re-Examined	...	2733	} Boys 1358 Girls 1375
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Cost of Medical Inspection.

I am obliged to the County Accountant for the following statement which refers to the year April 1st, 1915, to March 31st, 1916:—

	£	s.	d.
PAYMENTS—			
*Proportion of Salary of Chief Medical Officer...	237	10	0
Expenses of Chief Medical Officer ...	52	16	3
*Proportion of Salaries of Assistant Medical Officers ...	1171	5	10
*Expenses of Assistant Medical Officers ...	240	19	1
Salaries of School Nurses ...	458	18	9
Expenses of School Nurses (including uniform and bicycle) ...	361	2	2
District Nurses—Special Fees ...	174	6	3
Printing, Books and Stationery ...	142	17	0
Postages and Carriage, &c. ...	35	4	2
Proportion of Office Staff—Salaries...	269	1	6
Weighing Machines ...	14	6	8
Eye-sight Testing Apparatus ...	29	2	8
Professor Delépine, for Bacteriological Examinations ...	0	5	0
Advertising and Sundries...	7	6	4
Proportion of Rent, Rates, Heating, Lighting, Cleaning, &c. ...	31	13	5
	<u>£3226</u>	<u>15</u>	<u>1</u>

RECEIPTS—

Grant from Board of Education re Medical Inspection of School Children £1291	17	7
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* $\frac{1}{20}$ th of these Salaries and expenses is charged to Higher Education Account and has been deducted.

Nature of Defects disclosed by Medical Inspection.

These are set out in the detail required by the Board of Education in the large Table appended. Briefly summarised the main items are as follows:—

Ear Disease	...	...	...	310
Caries of Teeth	...	...	...	14550
Heart Disease, Anæmia, &c.	...	...	...	552
Lung Disease	...	...	...	403
Tuberculosis of Lungs (actual or suspected)	...	...	...	80
„ Bones, Joints, Glands, &c.	...	...	...	47
Nervous Diseases (including Epilepsy)	...	...	...	87
Defective Hearing	...	...	...	603
Mental Defect (all grades)	...	...	...	85
Defective Vision	...	...	...	7074
Uncleanliness of Head, Body, &c.	...	...	...	1749
Diseases of Nose and Throat	...	...	...	3807
Skin Diseases	...	...	...	196
Defective Nutrition	...	...	...	1476

Table III.—Return shewing the Physical Condition of Children Inspected.

CONDITION.	Entrants.			Leavers.			Intermediate Group.			Total.			Special Cases.		
	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.
TOTAL INSPECTED—	3616	3416	7032	..	3317	3304	6621	...	2097	2140	4237	...	597	661	1258
CLOTHING—															
Satisfactory ..	3386	3226	6612	94	3103	3174	6277	94	1928	2041	3969	93	556	613	1169
Unsatisfactory ..	...	230	190	420	6	214	130	344	6	169	99	268	41	48	89
FOOTWEAR—															
Satisfactory ..	3429	3229	6658	94	3128	3177	6305	95	1979	2053	4032	95	565	612	1177
Unsatisfactory ..	187	187	374	6	189	127	316	5	118	87	205	5	32	49	81
CLEANLINESS OF HEAD—															
Clean (i.e., no nits)	3576	3056	6632	94	3298	2858	6156	93	2067	1832	3899	92	583	576	1174
Nits only ..	33	316	349	5	15	418	433	7	28	283	316	7	7	76	83
Pediculi present ..	7	44	51	1	4	28	32	...	2	20	22	1	2	9	11
CLEANLINESS OF BODY—															
Clean ..	3548	3334	6882	98	3266	3227	6493	93	2015	2090	4095	97	531	645	1226
Dirty ..	57	73	130	2	47	62	109	2	70	58	128	3	13	13	26
Pediculi present ..	11	9	20	...	4	15	19	...	12	2	14	...	3	3	6
NUTRITION—															
Excellent ..	860	723	1583	22	917	960	1877	28	475	553	1028	24	211	234	445
Normal ..	2505	2411	4966	71	2175	2120	4295	65	1423	1391	2814	66	318	346	664
Below normal ..	249	228	477	7	225	223	448	7	198	193	391	10	68	79	147
Bad ..	2	4	6	...	..	1	1	...	1	3	4	...	...	2	2

CONDITION.	Entrants.			Leavers.			Intermediate Group.				Total.			Special Cases.					
	Boys.	Girls.	Total.	Per-centage.	Boys.	Girls.	Total.	Per-centage.	Boys.	Girls.	Total.	Per-centage.	Boys.	Girls.	Total.				
SPEECH—																			
Not defective	3518	3343	6861	98	3240	3255	6495	98	2019	2099	4118	97	8777	8687	17474	97	568	622	1190
Defective articulation	87	67	154	2	40	43	83	1	47	39	86	2	174	149	323	2	26	46	72
Stammering	11	6	17	..	37	6	43	1	31	2	33	1	79	14	93	1	9	13	22
MENTAL CONDITION—																			
Normal	3587	3396	6983	99	3212	3237	6449	98	2010	2081	4091	97	2809	2714	5523	98	533	619	1152
Dull or backward	25	17	42	1	85	58	143	2	75	45	121	3	185	121	306	2	50	32	82
Mentally defective (all grades)	4	3	7	..	20	9	29	..	12	13	25	..	36	25	61	..	14	10	24
VISION—																			
6/6 each eye (normal vision)	..	..	..	..	2496	2278	4774	72.1	11504	1482	2936	70.4	4000	3760	7760	71.4	411	423	834
6/6 R.	..	..	..	..	114	102	216	3.4	66	72	138	3.2	180	174	354	3.3	15	14	29
6/6 L.	..	..	..	..	92	100	198	2.4	55	62	117	2.4	153	162	315	2.4	9	12	21
6/9 R.	..	..	..	..	294	521	915	13.1	312	332	644	15.4	706	873	1579	14.3	19	93	166
6/9 L.	..	..	..	..	463	501	964	13.6	305	352	657	15.4	708	853	1561	14.3	23	91	167
6/12 R.	..	..	..	..	119	126	245	3.3	78	96	176	4.1	197	234	431	3.9	23	39	62
6/12 L.	..	..	..	..	100	134	234	3.3	69	89	158	4.1	189	222	411	3.7	28	35	63
6/18 R.	..	..	..	..	100	144	244	3.6	69	71	140	3.3	189	215	394	3.3	35	41	76
6/18 L.	..	..	..	..	93	149	242	3.6	72	90	162	3.3	165	239	404	3.7	37	44	81
6/24 R.	..	..	..	..	30	60	99	1.4	37	36	72	1.6	76	95	171	1.5	26	27	53
6/24 L.	..	..	..	..	57	80	137	2.0	35	33	71	1.6	92	116	208	1.5	19	24	43
6/36 R.	..	..	..	..	34	31	65	1.1	13	15	28	1.1	47	46	93	1.1	19	11	30
6/36 L.	..	..	..	..	42	34	76	1.1	16	18	34	1.1	58	52	110	1.0	13	11	24
6/60 R.	..	..	..	..	12	19	31	0.4	12	16	28	0.4	24	25	49	0.4	5	6	11
6/60 L.	..	..	..	..	12	14	26	0.4	10	13	23	0.4	22	27	49	0.4	3	7	10
6/0 R.	..	..	..	..	9	17	26	0.3	5	4	9	0.2	14	21	35	0.3	..	2	2
6/0 L.	..	..	..	..	15	10	26	0.3	12	4	16	0.3	23	14	42	0.3	4	6	10
SQUINT	..	..	..	..	13	12	25	0.3	8	5	13	0.3	21	17	38	0.3	10	12	22

CONDITION.

EXTERNAL EYE DISEASE—

No Disease ...
 Blepharitis ...
 Conjunctivitis ...
 Corneal Opacities ...
 Other Disease ...

EAR DISEASE—

No Disease ...
 Obstruction, R. ...
 " " ...
 Otorrhœa, R. ...
 " " ...
 " " ...
 Other Disease ...

TEETH—

Sound ...
 Less than four decayed ...
 Four or more decayed ...
 Sepsis ...

HEART AND CIRCULATION—

No Disease ...
 Organic Disease ...
 Functional Disease ...
 Anæmia ...
 Other Defects ...

CONDITION.	Entrants.			Leavers.			Intermediate Group.			Total.			Special Cases.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.	Per-centage.
EXTERNAL EYE DISEASE—															
No Disease	3553	3364	6917	98	3264	3257	6521	98	2069	2093	4162	98	3836	3714	7550
Blepharitis	29	23	52	1	33	25	58	1	20	20	40	1	32	68	100
Conjunctivitis	15	14	29	...	4	10	14	...	4	13	17	...	23	37	60
Corneal Opacities	5	5	10	...	7	6	13	...	4	8	12	...	16	19	35
Other Disease	14	10	24	...	9	6	15	...	...	6	6	...	23	22	45
EAR DISEASE—															
No Disease	3567	3378	6945	98	3254	3258	6512	98	2070	2121	4191	99	3781	3757	7538
Obstruction, R.	1	2	3	...	8	5	13	...	7	3	10	...	16	10	26
" "	2	2	4	...	11	7	18	...	7	1	8	...	23	10	33
Otorrhœa, R.	20	16	36	...	21	16	37	1	5	7	12	...	46	39	85
" "	25	17	42	1	21	15	36	1	7	8	15	...	53	40	93
Other Disease	1	1	2	...	2	3	5	...	1	...	1	...	4	4	8
TEETH—															
Sound	750	785	1535	22	789	878	1667	25	285	380	665	16	1824	2043	3867
Less than four decayed	2230	1989	4219	60	2061	1934	3995	60	1242	1268	2510	61	3633	5191	8824
Four or more decayed	576	595	1171	16	449	465	914	14	448	474	922	22	1473	1534	3007
Sepsis	60	47	107	2	18	27	45	1	22	18	40	1	100	92	192
HEART AND CIRCULATION—															
No Disease	3525	3391	6916	98	3232	3192	6424	97	2033	2058	4091	96	3790	3641	7431
Organic Disease	8	6	14	...	10	13	23	...	4	7	11	...	22	26	48
Functional Disease	3	6	9	...	10	18	28	...	9	13	22	1	22	37	59
Anæmia	80	6	86	1	59	74	133	2	45	57	102	2	184	137	321
Other Defects	...	7	7	...	6	7	13	...	6	5	11	...	12	19	31

A few brief comments may be made on some of the statistics revealed by the foregoing Table.

Clothing.

This is returned as satisfactory in about 95 per cent. of the children examined. The figures relating to foot-gear are practically identical. Dr. Margaret Ormiston submits the following comments on her experience:—

"In very few instances could the clothing be called actually insufficient, though notices were frequently sent to the parents that mending or the provision of buttons, tapes, &c., would be advisable. During the cold weather the direct opposite was frequently experienced, as many as 11 layers of clothing being found on the chests of several children. Almost all these unfortunates were said to have 'weak chests,' and great was the surprise of the mother when she was told that it was not to be wondered at that her child's chest was weak; in most cases the mothers listened with great interest to any remarks made and promised to remedy the matter in the future. It is of interest to note that among the younger children a quite unnecessary amount of clothing on the body is met with in conjunction with very short frocks, bare knees, and 'growing pains'—so-called. This subject might with much profit to the youth of the country be taken up by the voluntary Committees now to be found working in conjunction with the child welfare schemes."

Cleanliness of Head and Body.

The figures shewing uncleanness of head and body given in the preceding Table relate merely to those conditions discovered by the Assistant Medical Officers on the occasion of a medical inspection. The School Nurses when making surprise visits have a very much larger number to record. In no fewer than 175 cases actual live vermin were found to be present on the heads or bodies of children submitted for medical inspection. Nits, which are regarded with equanimity by many parents and even by some medical practitioners, were present in 1,181 cases on the head. Girls' heads were as usual much more affected than boys'—the figures being 83 for boys and 1,098 for girls.

Nutrition.

This is returned as 'excellent' in 25 per cent. of the children examined, as 'normal' in 68 per cent., and as 'below normal' in 7 per cent.—there being only 13 cases in all where it is recorded as 'bad.'

Nose and Throat Diseases.

The important items under this heading are:—

Mouth-breathing	...	1017 cases.
Much Enlarged Tonsils	...	694 „
Marked Adenoids	...	579 „

Layton writing in the *Lancet* (1914, vol. 1, page 1106) points out that the faucial, pharyngeal and lingual tonsils form a very important line of resistance to microbial invasion through the mouth and nose. He cautions against the drawing of the inference that because there is inflammation involving the tonsils and surrounding parts the tonsils are the cause of such inflammation, and he advises that rather than remove the enlarged tonsils the best procedure is to reduce the inflammation. No decision as to operative action should in his opinion be arrived at (1) just after an acute attack or (2) before other sources of septic infection have been dealt with. His experience in the Throat Department of Guy's Hospital in the early days of the London medical inspection scheme when they were crowded out with 'tonsil' cases to such an extent that patients had to wait several months is most interesting. During the waiting period the children had their teeth attended to and were taught nose-breathing methods with the result that when they came up for treatment of the tonsils operation was found to be unnecessary in a considerable number of cases. He further insists, as I have done in this report from time to time, upon the great importance of breathing exercises for several months after operation.

Attention is drawn by the same writer to the necessity for treating the dyspepsia often accompanying the second dentition (termed 'mucous disease' by Eustace Smith—its discoverer). Certain symptoms of this disease, *e.g.*, cough and enlargement of tonsils and adenoid tissue, strongly resemble those caused by 'adenoids.' By treating the 'mucous disease' and leaving the adenoids alone Layton states that the necessity for operation can often be averted. In general Layton appears to agree with several other observers that tonsils and adenoids are too often interfered with surgically when attention to other sources of sepsis and infection are the real cause of the mischief.

In this same connection Warwick James (*Clinical Journal*, Nov., 1913), points out that the difficulty of treating mouth-breathing arises largely from the fact that voluntary control ceases at night when the child is asleep and he has devised an apparatus to prevent this. Sucking the thumbs, he also points out, is a habit which is most conducive to mouth-breathing.

Skin Diseases.

There is a slight increase to be recorded for the year 1915 in the number of cases of infectious skin conditions and for this impetigo is responsible. Ringworm was discovered in 59 cases, impetigo in 109 cases and scabies ("itch") in 11 cases. The following circular was issued to School Teachers in August, 1915, by authority of the Committee. The response has been quite satisfactory for not only are many attendances saved but I feel sure that the wearing of the head-covering acts as a constant reminder to parents that treatment is required. Not only that but the child becomes anxious to get rid of the distinguishing mark and prompts the parent to give the necessary treatment:—

"Dear Sir or Madam,

You are requested to note that by a recent decision of the Education Committee where the School Medical Officer is satisfied that children suffering from Ringworm of the Scalp are being so treated as to obviate all risk of infection to other children, they are to be permitted to attend school on condition that they wear a satisfactory head-covering during school hours and during transit to and from school.

In order to carry this resolution into effect, I propose to issue certain instructions through the School Nurses to the parents of children reported to be suffering from ringworm of the scalp and the Medical Inspectors and Nurses will impress on parents the necessity of carrying out such instructions. The Medical Inspectors and Nurses will then report to me that certain affected children are being so treated as to obviate all risk of infection, and that they will see the children from time to time so as to ensure the treatment being maintained; I will then send you a certificate to the effect that certain children, to be specified, may now continue to attend school so long as they wear the prescribed head-covering during school hours and during transit to and from school.

In the event of any child suffering from this condition attending school without the prescribed head-covering or in the event of its coming to your knowledge that the child has removed this head-covering during transit to or from school, you should at once exclude the child from school and send us a note stating the action taken by you. Children so excluded should not be re-admitted without a further certificate from me.

Please note that all cases of ringworm should be brought forward for inspection on the occasion of every visit of the Medical Inspector or of the School Nurse.

It should also be noted that in cases where children are suffering from Ringworm of the Scalp which is not being properly treated and are in consequence thereof not attending school regularly, the School Attendance Officer should report the matter to his School Attendance Committee for prosecution under the School Attendance Bye-laws.

I feel assured of your willingness to co-operate in a matter of this kind which so vitally affects the attendance of children at school."

At the same time as this notice to Teachers was issued the card instructing parents how to deal with ringworm was amended by the insertion of the following paragraphs after the usual directions for treatment:—

"In the case of ringworm in the hair, the child should be provided with a close-fitting cotton or linen cap to cover the whole of the hair. This cap should have a hem all round the edge, and inside this hem a piece of elastic should be threaded. Two of these caps should be made and each one should be worn for three days. After being worn for three days the elastic should be removed from the hem, the cap washed and boiled, and the elastic put in again when the cap is dry.

Note.—The child is to wear this cap both in going to and from school and in school in cases where the Doctor or Nurse tells you that the child may attend school. If the child goes to school without this cap before the disease is cured it will be sent home by the Teacher. If the disease is not being properly treated according to these instructions, and the child is in consequence not attending school, you will be liable to prosecution for the non-attendance of the child."

Rickets.

This is said to have been present in a slight degree in 365 children and in a marked degree in 54 children. This is about the average annual occurrence and calls for the serious consideration of those responsible for Child Welfare Schemes.

Ear Disease.

Cases of obstruction occurred in 71 children and cases of discharge from the ears in 229 children.

Defective Teeth.

Children with less than four decayed teeth numbered 11,339 and children with four or more decayed teeth numbered

3,211, whilst 200 children are reported to have had septic mouths. This is a sorry record when compared with the 4,398 who are reported to have displayed mouths with all teeth sound.

I have written in previous reports on the necessity of care of the *temporary* teeth and of the desirability of saving such as are capable of conservative treatment. I do not wish it to be understood, however, that I am an advocate of the conservation of temporary teeth when decay has resulted in the reduction of the tooth to a mere fragment. On the contrary fragments of temporary teeth which are inclined to be at all septic should in my opinion be removed as quickly as possible for if they be left in there is always the risk of absorption of septic matter and also the danger that the crown of the permanent tooth emerging underneath may be damaged or may be diverted into an irregular path. In other words temporary teeth should only be removed when they are harmful or shortly likely to become so.

On this subject Dr. Margaret Ormiston writes:—

“This is one of the most disappointing sections of the work of medical inspection both among the entrants and the older children, for the following reasons. Among the older children and especially among the boys there is a condition of war against the tooth brush (and this in spite of lessons on its use) with the result that though in the majority of cases there is decay in only one or two teeth there is a general condition of uncleanness. In many cases the incisors and canines are coated with tartar and especially is this the case just at the margin of the gum, so that there is every reason to fear that these children will be possessed of a considerable number of broken-off teeth before they reach adult age. Among the younger children who still possess their milk teeth one finds many cases in which, after notices have been sent to the parents, the dentist has declined to take any action and the parents report that the teeth will ‘soon come out of themselves.’ In many cases the use of a tooth brush once a week is considered quite enough and, in a still larger number of cases, quite unnecessary.”

Diseases of Heart and Circulation.

Organic disease was found in 57 instances, functional disease in 64, anæmia in 396 and other defects of the heart or circulation in 35 cases.

On this subject I should like to remark that whilst definite attacks of rheumatic fever have been recognised for many

years as the immediate or remote cause of various types of heart disease two things are not, I think, sufficiently realised in this connection. One is that rheumatic affections of almost every degree, including even so-called "stiff-necks," incipient or evanescent "hip-joint disease," tonsilitis, "growing pains," "crackling joints," myalgia or muscular rheumatism, neuritis, &c., are all equally responsible causes of cardiac disease. The other thing is that detectable defects of the heart valves or musculature are not always present it may be for some years after the defect has been occasioned. And even after the defect has been located by the stethoscope it may be years before any signs of cardiac distress are noted. Here is an opportunity (and there are scores of others in the medical inspection scheme) for the proper linking up of the school medical service with the service of the Certifying Factory Surgeon. No case of cardiac mischief however slight or however well compensated *pro. tem.* should be passed by the Certifying Factory Surgeon for any except the lightest occupation. There ought to be no leakage possible here—the medical record card of the leaving child should at once be available for the Factory Surgeon and means should be adopted to ensure his using it to the best possible advantage.

Dr. Margaret Ormiston has a somewhat curious case to record under this heading: she reports:—

"A very interesting case of hæmophilia was met with in a boy 12 years of age. He was recognised as a 'bleeder' when quite small and due precautions were taken; only on one occasion when he was about 8 or 9 years old was any trouble experienced and that was after he had a tooth extracted. He then lost a large quantity of blood and had to have medical attention.

There are two interesting points about the case, the first being that the slightest push such as one might playfully give to a child while telling him to 'hurry up' produced extensive ecchymoses, one occasion being recorded when the exact shape of a hand was found on the boy's back after he had been gently pushed on by a relative. Whenever he fell or knocked himself in play he did not have a bruise as other children have but an extensive coal-black patch appeared. He suffers from defective sight and his spectacles were frequently taken from him during play in order to prevent their being broken and his face possibly being cut.

The other unusual feature of the case is that just before he was 12 all trace of this disease vanished. He no longer bleeds to excess and blows and knocks produce only an ordinary bruise.

The family history is in no way extraordinary. His father and mother are both said to be very much below average height and one grandfather before his death suffered from religious mania. In neither father's or mother's families is there any history of Hæmophilia."

Tuberculosis.

The lungs were found to be definitely affected in 25 children and the existence of tuberculosis of the lungs was suspected in 55 other cases. Glandular tuberculosis was diagnosed in the case of 24 children, tuberculosis of the bones and joints in 12 cases and other forms of tuberculosis is recorded in 11 cases.

There is a serious lack of accommodation all over the country for cases of tuberculosis of the lungs occurring in children, most Sanatoria apparently not caring to be bothered with children. I hope something will shortly be done to supply this very serious want.

Defective Speech.

Defects in articulation—mainly idioglossia or baby speech—are recorded in 369 cases and stammering in 115 other cases. The shortage of staff at present prevents that special attention on the part of teachers needed to remedy these defects, but when normal times come round again I hope teachers will make a special study of the mechanism of speech and practice the cure of such defects as may exist amongst their scholars.

Mental Condition.

This is recorded as dull or backward in 388 cases and as mental deficiency in 85 cases. A considerable number of children have been reported by the Education Committee to the Mental Deficiency Act Committee, and the latter body has spared no effort to place the defectives under the best possible conditions for receiving such training as they can assimilate. But, here again, war conditions have seriously impeded progress and the greatest difficulty is being experienced in dealing with mentally defective persons of all ages: special classes cannot be arranged owing to shortage of staff and special institutions already full cannot be extended because of money and labour difficulties.

Defective Vision.

Of the children whose vision was tested 71.4 per cent. presented normal vision in both eyes. The remainder shewed visual defect in one or other eye of a greater or lesser degree.

The highest percentage of defects occurred in what is known as the $\frac{4}{5}$ group *i.e.* the children who, roughly speaking, possess only two-thirds of normal vision. The number of children with very bad vision *i.e.* $\frac{2}{5}$ or $\frac{1}{5}$ was not large, viz, 98 in the first-named group (0.8 per cent. of those examined) and 77 in the last-named group (0.6 per cent. of those examined). Still for such children it would be very desirable to have special classes. As this is not practicable at present, I would suggest that such children should be taught only by means of charts and blackboards at close range, with oral lessons and course manual work and that no book-work at all should be given.

External Eye Diseases.

Of these the most serious is what is known as corneal opacity, *i.e.*, more or less opaque deposit in the front wall of the eyeball usually interfering with vision in one direction or another. There were 35 cases of this condition discovered. Of the other conditions blepharitis or inflammation of the edges of the eyelids (sometimes contagious) was found in 150 children.

Enlargement of the Thyroid Gland.

Dr. Margaret Ormiston reports on this subject as follows:

"This disease which we are told in text-books is found in Derbyshire, Devonshire, Switzerland, Italy and the Tyrol would appear to be found also in Cheshire, and especially in the rural districts of the Nantwich Union and in the Middlewich area.

In many cases investigation has proved that several members of a family are affected and, so far as one has been able to come to any conclusion regarding the transmission of the diathesis, the majority of cases have been reported among the maternal relations of the children."

Treatment of Defects.

There were in all 9,542 instances in which treatment for one or other defect was considered necessary, 1,569 cases out of this number being carried forward from the previous year, and the balance, 7,973 cases, being new ones.

The number of cases for which no report is available is again much larger than I care to see. Of these 313 are old-standing cases of defective teeth: out of the total of 3,714

such cases 599 were carried forward from the year 1914, in which year they had been visited by Nurse Woodall: on the latter leaving the County early in 1915 and a new Nurse being appointed to take over her work the arrears of other cases were found to be so large that it was thought the new Nurse could more profitably spend her energies in other directions. I do not think this figure will ever be so large again.

Of the total of 9,512 cases requiring treatment it will be seen that 5,549 were remedied or improved as the result of visitation, *i.e.*, a percentage of 58.4 and a slight increase on the percentage for the previous year which was 57.0. In calculating this percentage I have taken no account of those cases where visits have been paid and treatment given but the condition has remained unchanged: if this class of case be included the percentage of cases treated as the consequence of inspection rises to 76. It should be noted here that the instructions to the Nurses are that when they have satisfactory evidence that a doctor or dentist has the child in hand and that the parents are acting on qualified advice they are to report the case as treated and to use their own judgment as to whether the condition is remedied, improved or unchanged. Re-examinations by the Medical Inspector subsequently check their observations and if further treatment should be found requisite the case once more passes into the hands of the Nurse.

The following conditions are worthy of special note:—

Condition.	Cases in which treatment was considered necessary.		Cases remedied or improved.		Cases not treated.	
Uncleanliness of head ... or body	1085	...	855	...	55	
Carious teeth	3714	...	1630	...	855	
Defective vision	1727	...	1080	...	244	
Nose and throat defects	1517	...	842	...	248	
Skin diseases	253	...	221	...	8	

TABLE IV.—Treatment of Defects of Children during 1915.

CONDITION.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.			Remedied	Improved	Unchanged		
Clothing ...	14	177	191	10	177	12	153	12	4	92
Footgear ...	10	68	78	1	71	18	49	4	6	91
Cleanliness of head ...	83	857	940	54	836	31	698	107	50	89
Cleanliness of body ...	5	149	145	4	136	13	113	10	5	93
Nutrition ...	12	100	118	2	105	55	34	16	11	89
Nose and throat ...	262	1255	1517	109	1160	621	221	318	248	76
External eye disease ...	26	192	128	18	106	71	34	1	4	83
Ear disease ...	26	114	140	25	111	20	66	25	4	79
Teeth ...	599	3115	3714	313	2346	1065	565	916	855	68
Heart and circulation ...	57	72	129	10	114	45	48	21	5	88
Lungs... ..	25	69	94	5	86	26	43	17	3	91
Nervous system ...	...	2	2	...	2	...	2	...	...	100
Skin ...	21	232	253	19	226	166	55	5	8	99
Rickets ...	...	11	11	1	9	...	4	5	1	82
Deformities ...	10	26	36	2	30	2	18	10	4	83
Tuberculosis, non-pulmonary ...	7	21	28	1	26	3	18	5	1	93
Speech ...	7	6	13	...	13	...	8	5	...	100
Mental condition... ..	...	2	2	...	1	...	1	...	1	50
Vision and hearing ...	369	1353	1727	158	1325	734	346	245	244	76
Hearing ...	25	140	165	11	141	15	90	36	13	85
Miscellaneous ..	5	106	111	5	95	38	48	9	11	85
	1569	7973	9542	743	7316	2935	2614	1767	1478	76

Feeding of Necessitous Children.

This work ceased, I understand, on May 1st, 1915. From April 1st to May 1st, 1915, 452 individual children were supplied with 7,933 meals, the centres at work being Altrincham (332 children), Sale (93 children) and Buglawton (27 children). Further details of this work are given under the Reports of Children's Care Committees.

Provision of Medical Treatment, &c.

Many private persons have very kindly made it their business to have defects in school children properly treated and I am exceedingly grateful to them for their beneficial assistance. Others have aided the child-life of the Nation by contributing towards the funds of Children's Care Committees and others still have given freely of their time and money as members of Care Committees. Medical men, though pressed with work to an extent probably never before equalled, have given treatment in Cottage Hospitals and elsewhere without any thought of fee or reward. Wherever one goes this splendid spirit of self-sacrifice and of determination to care for the children is to be found. I can only quote some of the more publicly known work in this direction, but I am deeply grateful to all who have so freely opened their hearts and their purses on behalf of ailing children.

The Clerk to the Administrative Sub-Committee for the Altrincham Division of the County, reports:—

"The Altrincham Hospital still continues to attend voluntarily to defective cases in respect of children from the Elementary Schools. For the year 1915 the following cases have received attention, viz.:—

Spectacles provided after examination	...	11
Operations for adenoids	...	19
Operations for tonsils	...	11
Total		41

Mr. Walter Taylor, Hon. Secretary to the Sale and Ashton-upon-Mersey School Children's Care Committee, very kindly furnishes the following report:—

"*Free Meals for Necessitous School Children.*—As announced in the last report the County Council adopted the Education (Provision of Meals) Act, 1914, and as a result the cost of free meals was charged upon the rates from August 1st, 1914. In April, 1915, the County Council decided to discontinue providing these meals out of the rates, as the number of necessitous cases throughout the County were then very few. In the Sale district only 58 free meals have been served by the Committee between May, 1915, and February 29th, 1916, the

date up to which this report is made. The cost of these meals was 16/4, which must be met out of voluntary subscriptions.

Medical Cases.—During the period covered by the report 17 medical cases have been dealt with by the Committee and of that number financial assistance has been given in seven cases, in the way of purchasing spectacles, &c. The total amount spent in this respect was £1 9s. 9d., which also must be met out of voluntary subscriptions. The Committee desires to thank all the contributors to the funds, the Teachers, the Caretakers of Sale Springfield Senior School, the Local Inspector of the N.S.P.C.C. and others who have given their services in various directions."

Miss A. M. Butterworth, Hon. Secretary to the Hoylake and West Kirby Children's Care Committee, very kindly furnishes the following report of the work done during 1915:—

"The Annual Report of the work of the Care Committee for the year ending January 31st, 1916, does not this year show any marked development but seems to point to the fact that the pioneer work of the Committee being now ended the work is being consolidated and established on a satisfactory basis. During the year the Committee have dealt with 119 cases—Eye cases 22, Adenoids cases 6, Teeth cases 91; the total number of visits paid to the various medical institutions being 182, of which number 152 are visits paid to the Cottage Hospital for dental treatment.

"This year the School Nurse reports that practically all the children in the Hoylake, West Kirby and Meols districts who were examined at the last School Medical Inspection have received medical attention either by a private practitioner or through the Care Committee, whose help is apparently more appreciated each year by the parents of the school children and also in many cases by the children themselves. The Hon. Dentist, Mr. Dinn, is particularly pleased with the result of the dental work, the general health of the children under his care having surprisingly improved, and bearing in mind the initial difficulties connected with this special branch of the Committee's work in the earlier stages, we may rightly conclude that this is the most successful work so far undertaken by the Committee.

"We have suffered this year in not having the services of the Visiting Optician to the schools for the adjustment of the spectacles and also in the increased cost of the spectacles caused by the war.

"The extra School Nurse provided by the County which made possible a sub-division of the Wirral area, has practically given us our much desired School Nurse, as she is now able to visit the schools in this district more frequently. She

can visit the schools in this area at least once a month and will follow up any cases of children whom she finds it necessary to exclude from school. As a result of her more frequent visiting there is a marked improvement in the cleanliness of the children in school, but I am sorry to report that the homes of the children continue to be in many instances in a very dirty condition—this year they seem to be dirtier than ever, which fact emphasizes the special need in this district for a Health Visitor.

“The establishment of eye clinics in connection with the medical inspection work of the County School Medical Officer, that had been hoped for, is evidently in abeyance during the continuance of the war.”

At Runcorn the Rev. H. N. Perrin has continued the excellent work commenced a few years ago but owing to the war some of it has had to be discontinued.

Wilmslow Dental Clinic.

Owing to the kindness of Miss E. M. Greg, a member of the Education Committee, it has been possible to establish a Dental Clinic at the Council School, Wilmslow, and much exceedingly good work has been carried out thereat.

Mr. F. Mackenzie, L.D.S., who is in charge of this Clinic, informs me that during 1915 he has dealt with the following cases:—

Extractions of temporary teeth	...	...	795
" permanent	„	...	147
Fillings of temporary	„	...	13
" permanent	„	...	80

Local anaesthetics have been used in about 80 per cent. of the cases. Mr. Mackenzie concludes his report with the words:—“I consider that the state of the teeth of the children who attend this Clinic is absolutely appalling—especially in the case of those between the ages of four and six.”

One devoutly wishes that Dental Clinics were available for the whole of the school children in the County and I hope that, in the absence of rate-supported Dental Clinics, several people may find it possible to imitate the splendid example set by Miss Greg.

West Kirby Convalescent Home.

The ten beds retained by your Committee have been fully occupied all the year round and many a child has been rescued from early death, from permanent disablement or from chronic invalidism by a short course of treatment in this Home. The Home continues to be excellently managed in every way.

TABLE V.—Numerical Return of all Exceptional Children in the Area (approximate).

			Boys.	Girls.	Total.
Blind (including partially blind)		Attending Public Elementary Schools	29	17	46
		Attending Certified Schools for the Blind	8	10	18
		Not at School ... ..	...	...	6
Deaf and Dumb (including partially deaf)		Attending Public Elementary Schools	67	63	130
		Attending Certified Schools for the Deaf	11	21	32
		Not at School ... ..	...	...	7
Mentally Deficient	Feeble Minded	Attending Public Elementary Schools	203	111	314
		Attending Certified Schools for Mentally Defective Children	10	2	12
		Notified to the Local (Control) Authority during the year...	2	...	2
		Not at School ... ..	...	...	...
	Imbeciles and Idiots	At School	42	21	63
		Not at School ... ..	...	...	...
Epileptics		All notified to the Local (Control) Authority	...	...	...
		Attending Public Elementary Schools	32	35	67
		Attending Certified Schools for Epileptics	6	5	11
		Not at School ... ..	...	...	21
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools	28	25	53
		Attending Certified Schools for Physically Defective Children	See below.	...	w. †
		Not at School ... ..	...	...	63
	Other forms of Tuberculosis	Attending Public Elementary Schools	61	60	121
		Attending Certified Schools for Physically Defective Children	See below.	...	w. †
		Not at School ... ..	...	...	27
	Cripples other than Tubercular	Attending Public Elementary Schools	253	178	431
		Attending Certified Schools for Physically Defective Children	See below.	...	w. †
		Not at School ... ..	...	...	25
Dull or Backward *		Retarded 2 years	No	figures.	
		Retarded 3 years			

* Judged according to age and standard.

† The Committee retain 10 beds at West Kirby Convalescent Home for Tubercular and Physically Defective Children and about 50 children stayed for varying periods during the year.

Other Tubercular Cases are being dealt with under the County Scheme for the treatment of Tuberculous.

Infectious Disease.

The following is a statement of the action taken in the matter of school closure during 1915:—

Cause.	Closed by S.M.O.	Closed by M.O.H. and approved by S.M.O.	TOTAL.
Measles ...	73	8	81
Whooping Cough ...	37	3	40
Scarlet Fever ...	10	1	11
Mumps ...	10	2	12
Chickenpox ..	29	...	29
Diphtheria ...	4	2	6
Influenza ...	29	8	37
Totals ...	192	24	216

Hygienic Condition of Schools.

Attention has been called to any condition mentioned on the Medical Inspector's "Follow-up" Sanitary Report which seemed really urgent. In a number of instances where expensive structural alterations would have been necessary to properly remedy the condition temporary amendments have been accepted. A considerable number of minor improvements have been carried out during the year.

Uncleanliness.

The School Nurses have paid surprise visits to schools on numerous occasions and examined the heads of the children for verminous or infectious conditions. The number of children so examined runs into many thousands. Every school in the County has been thus visited at least once during the year and many of them several times.

Two successful prosecutions were undertaken at Sandbach and Nantwich for failure to comply with the Bye-law relating to attendance at school: the children concerned had verminous heads and despite repeated visits by the Nurse the parents failed to cleanse them so as to render them fit to attend school. Penalties were inflicted in both cases and the effect in the district has been very salutary.

First Aid for Accidents

I have not yet acted upon the resolution of your Committee to purchase simple first-aid dressings for schools

because the prices quoted would have led to the cost almost trebling the estimate. I hope to provide this very necessary outfit when prices again become normal.

Miscellaneous Work.

The work of examining candidates for bursaries, children prior to receiving swimming instruction, &c., has proceeded much as usual and there is nothing worthy of special comment in connection with it.

Recommendation.

I have only one recommendation to make and that is that your Committee should authorise me to re-arrange the duties of the School Nurses by lessening the areas in which they work, extending their duties to home visitation under the Council's Tuberculosis Scheme and Maternity and Child-welfare Scheme, bringing in the Nurses appointed by the Council under these two last-named schemes to do medical inspection work and apportioning the cost accordingly. The result will be that instead of having six Nurses devoting their whole time to medical inspection work you will have eighteen Nurses devoting one-third of their time to this. The travelling expenses will, I am sure, shew a saving in all the three schemes mentioned. The Nurses will get to know their district and their people better and will know their children's history before they actually come to attend school. The possibility of friction with parents will be less than it would be with three different Nurses visiting the home on separate errands and it is hoped that the Nurse will gradually come to be looked at as the friend of the people for all health purposes. The Board of Education and the Local Government Board are both prepared to sanction this arrangement.

MEREDITH YOUNG,

School Medical Officer.

INDEX.

	PAGE
Ages of Children at Examination	6-8
Care Committees	26
Cleanliness of Heads	16
Clothing, Defective	16
Cost of Medical Inspection	9
Deaf and Dumb Children	29
Defects discovered on Inspection, Number and Nature	10-15
Entrants Examined	5
Eye Diseases... ..	22
Feeble-minded Children	29
Feeding of Children	26
Heart Diseases	20
Hygienic Condition of Schools	30
Infectious Diseases, Control of	30
Intermediates, Examined	5
Leavers Examined	5
Meals, Provision of Free	26
Mentally Defective Children	22, 29
Nose Diseases	17
Number of Children Examined	5-8
Nurses, School and District, Work of	23
Recommendation	31
Re-examinations	9
Ringworm	18
School Nurses, Work of... ..	23
Schools, Sanitary condition of	30
Speech, Defective	22
Staff	2
Teeth, Defective	19
Throat Diseases	17
Treatment by School and District Nurses	23
Treatment Centres	26
Tuberculosis	22
Verminous Cases	30
Vision, Defective	22
West Kirby Convalescent Home	28

